PROGRESSIVE COUNTING AGENDA AND LEARNING OBJECTIVES

AGENDA: Attach a detailed description of what you will do during the time allotted.

Please indicate time for all segments, including breaks and meals.

The typical training day is 9-5 (1 hr lunch, two 15-min breaks), for 6.5 total contact hours per day, or 32.5 total contact hours. The fifth day, typically scheduled a month or two later, features review, practice, and group consultation/supervision, and may be done in person or via web-based video conference, depending on the program. Upon request, 32.5 Professional CEs may be provided.

Day 1

Morning (9-12:30)

* Introduction to trauma and post-traumatic stress.
* Trauma’s contribution to reactivity and symptoms/problem behaviors.
* Analyzing presenting symptoms/problem behaviors from a trauma perspective.
* Overview of trauma treatment and phases of treatment.
* Core principles/practices of trauma-informed treatment.

Implementing the “common factors” that support successful treatment outcome.

Research on the Fairy Tale Model

Afternoon (1:30-5)

* Setting up treatment; initial interview
* Conducting a trauma/loss history interview.

Day 2

Morning

* Trauma-informed case formulation.
* Enhancing the client’s motivation and commitment.
* Treatment planning and contracting.

Afternoon

* Stabilization strategies for safety and security.
* Developing a more secure attachment status.
* Self-management skills for stability, competence, and confidence.

Day 3

Morning

* Overview of trauma resolution treatment methods/approaches.
* Guidelines for selecting which memory to work on.
* Group experience with Progressive Counting (PC)

Afternoon

* Supervised practice with PC.
* PC problem solving

Day 4

Morning

* Following up from a trauma resolution session.
* What happens after trauma resolution?
* PC review
* PC practice

Afternoon

* PC practice
* Consolidation of gains; anticipating future challenges
* Using the framework to problem-solve cases
* Practice with a trauma-informed supervision/consultation model.
* Guidelines for practicing and utilizing the interventions.

Day 5

* Review, Group consultation

*Note: Day 5 may be completed either in one full day (in person) or two half-day sessions (via web-based video conference).*

LEARNING OBJECTIVES: List 3 learning objectives for every 4 hours of content. Format as what participants will be able to DO after the session, not what the presenter intends to COVER during the session.

Day 1

Participants will be able to:

* Identify the three primary symptoms of posttraumatic stress.
* Name and sequence the phases of treatment in the trauma-informed phase model.
* Name and sequence the experiences the brain requires for memory reconsolidation.
* Name the three principles that guide trauma-informed treatment.
* Conduct a structured trauma-sensitive initial interview.
* Conduct a structured interview for trauma and loss history.

Day 2

Participants will be able to:

* Guide a client to identify and commit to their treatment-related goals.
* Explain to a client how past trauma or loss can lead to ongoing problem behaviors or symptoms.
* Develop a systematic and comprehensive trauma-informed treatment plan.
* Guide a client to avoid high-risk situations.
* Guide a client to visualize an imagery sequence for enhancing attachment status.
* Guide a client to develop and practice a desired behavior in a challenging situation.

Day 3

Participants will be able to:

* Identify at least four elements of a trauma resolution procedure that can contribute to positive outcome.
* Describe the basis of the research support for PC.
* Describe the advantages and pitfalls of the three major target selection strategies (determining which memory to treat first, next, etc.).
* Guide a client to identify the beginning and ending for their trauma story “movie” in preparation for PC.
* Guide a client through a PC session.
* Utilize the proper notation to memorialize a PC session in the treatment note.

Day 4

Participants will be able to:

* Implement a structured check-in with clients in the session after they did PC.
* Determine how long the next count should be, in a variety of situations, during PC.
* Define what constitutes “stuck” in a PC session.
* Determine why a client may be stuck and implement the corresponding intervention.
* Debrief a client following a PC session and assist them in regaining composure.
* Use the Case Consultation rubric to determine what needs to be done with a given client to prepare them for PC.

Day 5 will be focused on strengthening, reinforcing, and extending the objectives already listed.